

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

September 27, 2006

Mr. Chad Miller, Chief Financial Officer
Chester County Hospital
1 Medical Park Drive, Box 56
Chester, South Carolina 29706

Re: AC# 3-CHE-J1 – Chester County Hospital and Nursing Center

Dear Mr. Miller:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2000 through September 30, 2001. That report was used to set the rate covering the contract period beginning January 1, 2003.

We are recommending that the Department of Health and Human Services certify an accounts payable for amounts underpaid as a result of the rate changes shown on Exhibit A. You will be notified of settlement terms by that agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976, as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", with a stylized flourish at the end.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

RHGjr/ms

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Ms. Kathleen C. Snider

CHESTER COUNTY HOSPITAL AND NURSING CENTER
CHESTER, SOUTH CAROLINA

CONTRACT PERIOD
BEGINNING JANUARY 1, 2003
AC# 3-CHE-J1

AGREED-UPON PROCEDURES REPORT
ON CONTRACT
FOR
PURCHASE OF NURSING CARE SERVICES
WITH
STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CONTENTS

	<u>EXHIBIT OR SCHEDULE</u>	<u>PAGE</u>
INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES		1
COMPUTATION OF RATE CHANGE FOR THE CONTRACT PERIOD BEGINNING JANUARY 1, 2003	A	3
COMPUTATION OF ADJUSTED REIMBURSEMENT RATE FOR THE CONTRACT PERIOD JANUARY 1, 2003 THROUGH SEPTEMBER 30, 2003	B	4
SUMMARY OF COSTS AND TOTAL PATIENT DAYS FOR THE COST REPORT PERIOD ENDED SEPTEMBER 30, 2001	C	5
ADJUSTMENT REPORT	1	7
COST OF CAPITAL REIMBURSEMENT ANALYSIS	2	8

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

August 8, 2006

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Chester County Hospital and Nursing Center, for the contract period beginning January 1, 2003, and for the twelve month cost report period ended September 30, 2001, as set forth in the accompanying schedules. The management of Chester County Hospital and Nursing Center is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures and the associated findings are as follows:

1. We selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Chester County Hospital and Nursing Center, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the Provider. Our findings as a result of these procedures are presented in the Summary of Costs and Total Patient Days, Adjustment Report, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the South Carolina Department of Health and Human Services and Chester County Hospital and Nursing Center dated as of October 1, 2001, as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
August 8, 2006

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", with a stylized flourish at the end.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

CHESTER COUNTY HOSPITAL AND NURSING CENTER

Computation of Rate Change
For the Contract Period
Beginning January 1, 2003
AC# 3-CHE-J1

	01/01/03- <u>09/30/03</u>
Adjusted Reimbursement Rate	\$118.60
Interim Reimbursement Rate (1)	<u>117.18</u>
Increase in Reimbursement Rate	\$ <u><u>1.42</u></u>

- (1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated March 1, 2006.

CHESTER COUNTY HOSPITAL AND NURSING CENTER
Computation of Adjusted Reimbursement Rate
For the Contract Period January 1, 2003 Through September 30, 2003
AC# 3-CHE-J1

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 63.73	\$62.89	
Dietary		16.87	11.21	
Laundry/Housekeeping/Maintenance		<u>11.73</u>	<u>9.67</u>	
Subtotal	\$ <u>-</u>	92.33	83.77	\$ 83.77
Administration & Medical Records	<u>\$2.11</u>	<u>10.66</u>	<u>12.77</u>	<u>10.66</u>
Subtotal		102.99	<u>\$96.54</u>	94.43
<u>Costs Not Subject to Standards:</u>				
Utilities		3.76		3.76
Special Services		-		-
Medical Supplies & Oxygen		4.25		4.25
Taxes and Insurance		1.02		1.02
Legal Fees		<u>1.15</u>		<u>1.15</u>
TOTAL		<u>\$113.17</u>		104.61
Inflation Factor (3.70%)				3.87
Cost of Capital				8.91
Cost of Capital Limitation				(.54)
Profit Incentive (Maximum 3.5% of Allowable Cost)				2.11
Cost Incentive				-
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(.36)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$118.60</u>

CHESTER COUNTY HOSPITAL AND NURSING CENTER
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2001
AC# 3-CHE-J1

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	<u>Debit</u>	Adjustments <u>Credit</u>	<u>Adjusted Totals</u>
General Services	\$2,153,303	\$154,524 (1)	\$ -	\$2,307,827
Dietary	605,411	5,571 (1)	-	610,982
Laundry	83,413	-	3,770 (1)	79,643
Housekeeping	150,491	-	26,909 (1)	123,582
Maintenance	261,598	-	39,928 (1)	221,670
Administration & Medical Records	521,713	-	135,756 (1)	385,957
Utilities	112,788	23,376 (1)	-	136,164
Special Services	-	-	-	-
Medical Supplies & Oxygen	159,054	-	5,164 (1)	153,890
Taxes and Insurance	32,632	4,224 (1)	-	36,856
Legal Fees	-	41,512 (1)	-	41,512
Cost of Capital	<u>295,606</u>	<u>71,063</u> (2)	<u>43,955</u> (1)	<u>322,714</u>
Subtotal	4,376,009	300,270	255,482	4,420,797

CHESTER COUNTY HOSPITAL AND NURSING CENTER
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2001
AC# 3-CHE-J1

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Ancillary	-	18,561 (1)	-	18,561
Nonallowable	324,618	-	224,180 (1)	29,375
	<u> </u>	<u> </u>	<u>71,063 (2)</u>	<u> </u>
Total Operating Expenses	<u>\$4,700,627</u>	<u>\$318,831</u>	<u>\$550,725</u>	<u>\$4,468,733</u>
Total Patient Days	<u>35,831</u>	<u>383 (3)</u>	<u>-</u>	<u>36,214</u>
Total Beds	<u>100</u>			

CHESTER COUNTY HOSPITAL AND NURSING CENTER

Adjustment Report

Cost Report Period Ended September 30, 2001

AC# 3-CHE-J1

ADJUSTMENT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT
1	General Services	\$154,524	
	Dietary	5,571	
	Utilities	23,376	
	Taxes and Insurance	4,224	
	Legal	41,512	
	Ancillary	18,561	
	Other Equity	231,894	
	Laundry		\$ 3,770
	Housekeeping		26,909
	Maintenance		39,928
	Administration & Medical Records		135,756
	Medical Supplies		5,164
	Cost of Capital		43,955
	Nonallowable		224,180
	To adjust cost centers to the as-filed Medicare cost report HIM-15-1, Section 2300		
2	Cost of Capital	71,063	
	Nonallowable		71,063
	To adjust capital return State Plan, Attachment 4.19D		
3	<u>Memo Adjustment:</u> To increase patient days by 383 from 35,831 to 36,214 State Plan, Attachment 4.19D		
		<hr/>	<hr/>
	TOTAL ADJUSTMENTS	\$550,725	\$550,725

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

CHESTER COUNTY HOSPITAL AND NURSING CENTER
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2001
AC# 3-CHE-J1

Original Asset Cost (Per Bed)	\$ 15,618	\$ 15,618	
Inflation Adjustment	<u>2.4607</u>	<u>2.4607</u>	
Deemed Asset Value (Per Bed)	38,431	38,431	
Number of Beds	<u>62</u>	<u>38</u>	
Deemed Asset Value	2,382,722	1,460,378	
Improvements Since 1981	396,496	19,602	
Accumulated Depreciation at 9/30/01	(<u>1,230,131</u>)	(<u>1,000,952</u>)	
Deemed Depreciated Value	1,549,087	479,028	
Market Rate of Return	<u>0.0577</u>	<u>0.0577</u>	
Total Annual Return	89,382	27,640	
Return Applicable to Non-Reimbursable Cost Centers	-	-	
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>	<u>-</u>	
Allowable Annual Return	89,382	27,640	
Depreciation Expense	174,285	62,287	
Amortization Expense	-	-	
Capital Related Income Offsets	(19,146)	(11,734)	
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>	<u>-</u>	<u>Total</u>
Allowable Cost of Capital Expense	244,521	78,193	\$322,714
Total Patient Days (Actual)	<u>22,453</u>	<u>13,761</u>	<u>36,214</u>
Cost of Capital Per Diem	\$ <u>10.89</u>	\$ <u>5.68</u>	\$ <u>8.91</u>

CHESTER COUNTY HOSPITAL AND NURSING CENTER
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2001
AC# 3-CHE-J1

6/30/89 Cost of Capital and Return on Equity		
Capital Per Diem Reimbursement	\$ 6.02	\$ N/A
Adjustment for Maximum Increase	<u>3.99</u>	<u>N/A</u>
Maximum Cost of Capital Per Diem	\$ <u>10.01</u>	\$ <u>5.68</u>
Weighted Average Reimbursable Cost of		
Capital Per Diem*		\$8.37
Weighted Average Cost of Capital Per Diem	<u>8.91</u>	
Cost of Capital Per Diem Limitation		\$ <u>(.54)</u>

* $-\left[(10.01 \times 22,453) + 78,193\right] / 36,214$

2 copies of this document were published at an estimated printing cost of \$1.35 each, and a total printing cost of \$2.70. Section 1-11-125 of the South Carolina Code of Laws, as amended requires this information on printing costs be added to the document.